

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9788

State File No.

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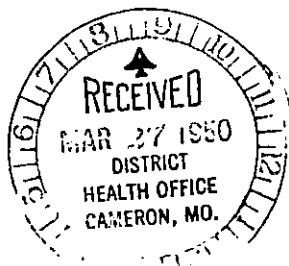
No. 300
10.48

FILED MAR 29 1950

BIRTH NO.		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 4370		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>Page</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blanchard</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>R.R.D. 18</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
ORESTUS		CLIFFORD		WETMORE		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. - 17 - 50</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>APRIL 18 - 1863</u>		9. AGE (In years last birthday) <u>88</u> <u>11</u> <u>33</u> <u>33</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>CASWELL Co. ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ORESTUS WETMORE</u>		13b. MOTHER'S MAIDEN NAME <u>SARA BURDELL</u>		14. NAME OF HUSBAND OR WIFE <u>EUNICE WETMORE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>DELLA WETMORE LUHR</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spine Metastasis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Page</u> (STATE) <u>IA</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 26</u> , 19 <u>29</u> , to _____, 19____, that I last saw the deceased alive on <u>Mar 17</u> , 19 <u>50</u> , and that death occurred at <u>5:04</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O. F. Byland</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>3/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blanchard Ia</u>		24d. LOCATION (City, town, or county) (State) <u>Blanchard Ia</u>	
DATE REC'D BY LOCAL REG. <u>3-24-50</u>		REGISTRAR'S SIGNATURE <u>Bless Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Stevenson</u>		ADDRESS <u>College Springs Ia</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 1727

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. Stenerson

Licensed Embalmer No. 1727

P. O. Address College Springs, -

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.